

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045785

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 0021 Primary Registration District No. 5014 Registrar's No. 16

FILED DEC 28 1962

1. PLACE OF DEATH

a. COUNTY Andrewb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,Length of stay in 1b
57 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jefferson Twnshp. (home)Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrewc. CITY OR TOWN St. Joseph,Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rural Route #1Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
MARGARET ANNE PANIGOT4. DATE OF DEATH
Month Day Year
December 17, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Feb. 22, 1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Harrison Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Martin Rubert

13b. MOTHER'S MAIDEN NAME

Elizabeth

14. NAME OF HUSBAND OR WIFE

August F. Panigot15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Daughter

Address

Mrs. Lena Miller-St. Joseph, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

? Ventricular fibrillation or other vascular accidentConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause, last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHapparently suddenPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Inventorily coli with suppurative inflammation of colonPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-16-62 to 12-17-62 and last saw him alive on 12-8-62
Death occurred at 3:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lucien H. Jell M.D.

22b. ADDRESS

902 Edward St. Joseph, Mo

22c. DATE SIGNED

12-18-6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

Dec. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

12-20-62

26. REGISTRAR'S SIGNATURE

Larney S. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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JAN 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frederic J. Blaney

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is, not embalmed, fact should be so stated above.